

CHANGE OF NAME/SIGNATURE FORM

更改姓名/ 簽署表格

IMPORTANT INFORMATION 重要資料

Please complete in ENGLISH and BLOCK CAPITALS.

The Chinese text is for reference only. If there is any conflict between the meaning of the words or terms of the English and Chinese text of this form, the English version shall prevail.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

The Policy of Insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda).

請以英文正楷填寫。

中文譯本僅供參考用途。如中文譯本與英文原文有歧義，概以英文原文為準。

如表格內所填寫的資料有任何錯誤，請予以修正並在旁邊簡簽作實。

保單由全美人壽（百慕達）有限公司（「全美人壽百慕達」）發出或承擔責任。

 Select the box that applies
 請選擇合適空格

 Change name/signature of:
 更改之姓名/ 簽署:

 Insured
 受保人

 Policy Owner
 保單持有人

Insured's Name 受保人姓名		Policy Number 保單號碼	
Policy Owner's Name 保單持有人姓名			
Name Change 更改姓名	From (former name) : 由 (原名) :		
	To (new name) : 更改為 (新姓名) :		
New Signature 新簽署	Date 日期		
X	<div style="border-bottom: 1px solid black; width: 100%;"></div> (dd/mm/yyyy 日/月/年)		

NOTE: If a new partnership has been formed, complete Transfer of Ownership Form.
 註: 如組成新的合夥業務, 請填寫擁有權轉讓表格。

Select the box that applies
請選擇合適空格

Current Signature of Policy Owner* 保單持有人現時之簽署*			
Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	(dd/mm/yyyy 日/月/年)
Name 姓名		Phone Number 電話號碼	
Signature (include Title, if Corporation or Trust) 簽署 (如屬公司或信託, 請加上職銜)		X	
Signature of Witness to Policy Owner 保單持有人之見證人簽署			
Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	(dd/mm/yyyy 日/月/年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
Type 類別	<input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other 其他 _____		X
Address 地址			

* Note 注意:

To update your contact information, please submit the Change of Contact Details Form available from your insurance intermediary.
如要更新聯絡資料, 請向保險中介人索取更改聯絡資料表格, 並於填妥後交回。

For internal use 只供內部使用			
A duplicate of this request has been filed at Transamerica Life Bermuda's Branch Office and entered on its records. 本表格複本已於全美人壽百慕達之分行辦事處記錄在案。			
Date Recorded 記錄日期	(dd/mm/yyyy 日/月/年)	By 負責人	